



## 98TH GENERAL ASSEMBLY

### State of Illinois

2013 and 2014

HB2502

by Rep. Esther Golar

#### SYNOPSIS AS INTRODUCED:

New Act  
215 ILCS 5/356z.22 new

Creates the Complex Needs Patient Act. Requires the Department of Healthcare and Family Services to provide separate recognition within the State's Medicaid program for individually configured complex rehabilitation technology products and services for complex needs patients. Defines "complex needs patient" to mean an individual with a diagnosis or medical condition that results in significant physical or functional needs and capacities. Provides that the separate recognition for technology products and services for complex needs patients shall take into consideration the customized nature of complex rehabilitation technology and the broad range of services necessary to meet the unique medical and functional needs of people with complex medical needs. Provides that the Department shall require complex needs patients receiving complex rehabilitation technology to be evaluated by a qualified health care professional and a qualified complex rehabilitation technology professional. Amends the Illinois Insurance Code. Provides that a managed care plan amended, delivered, issued, or renewed in this State after the effective date of the amendatory Act shall adopt the regulations and policies outlined in the Complex Needs Patient Act. Effective immediately.

LRB098 05562 KTG 35599 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the  
5 Complex Needs Patient Act.

6 Section 5. Purpose.

7 It is the intent of the General Assembly to:

8 (1) protect access for complex needs patients to  
9 important technology and supporting services;

10 (2) establish and improve safeguards relating to the  
11 delivery and provision of medically necessary complex  
12 rehabilitation technology;

13 (3) provide supports for complex needs patients to stay  
14 in the home or community setting, prevent  
15 institutionalization, and prevent hospitalizations and  
16 other costly secondary complications; and

17 (4) establish adequate pricing for complex  
18 rehabilitation technology for the purpose of allowing  
19 continued access to appropriate products and services.

20 Section 10. Definitions. As used in this Act:

21 (a) "Complex needs patient" means an individual with a  
22 diagnosis or medical condition that results in significant

1 physical or functional needs and capacities. Such term shall  
2 include individuals with progressive or degenerative  
3 neuromuscular diseases or injuries or trauma which resulted in  
4 significant physical or functional needs and capacities,  
5 including, but not limited to, individuals with spinal cord  
6 injury, traumatic brain injury, cerebral palsy, muscular  
7 dystrophy, spina bifida, osteogenesis imperfecta,  
8 arthrogryposis, amyotrophic lateral sclerosis, multiple  
9 sclerosis, demyelinating disease, myelopathy, myopathy,  
10 progressive muscular atrophy, anterior horn cell disease,  
11 post-polio syndrome, cerebellar degeneration, dystonia,  
12 Huntington's disease, spinocerebellar disease, and certain  
13 types of amputation, paralysis, or paresis that result in  
14 significant physical or functional needs and capacities.

15 (b) "Complex rehabilitation technology" means items  
16 currently classified by the Centers for Medicare and Medicaid  
17 Services as of January 1, 2013 as durable medical equipment  
18 that are individually configured for individuals to meet their  
19 specific and unique medical, physical, and functional needs and  
20 capacities for basic activities of daily living and  
21 instrumental activities of daily living identified as  
22 medically necessary to prevent hospitalization or  
23 institutionalization of a complex needs patient. Such items  
24 shall include, but not be limited to, complex rehabilitation  
25 power wheelchairs, highly configurable manual wheelchairs,  
26 adaptive seating and positioning systems, and other

1 specialized equipment such as standing frames and gait  
2 trainers. The related Healthcare Common Procedure Code System  
3 (HCPCS) billing codes include, but are not limited to:

4 (1) Pure Complex Rehab Technology (CRT) Codes: These  
5 HCPCS codes contain 100% CRT products: E0637, E0638, E0641,  
6 E0642, E0986, E1002, E1003, E1004, E1005, E1006, E1007,  
7 E1008, E1009, E1010, E1011, E1014, E1037, E1161, E1220,  
8 E1228, E1229, E1231, E1232, E1233, E1234, E1235, E1236,  
9 E1237, E1238, E1239, E2209, E2291, E2292, E2293, E2294,  
10 E2295, E2300, E2301, E2310, E2311, E2312, E2313, E2321,  
11 E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329,  
12 E2330, E2331, E2351, E2373, E2374, E2376, E2377, E2609,  
13 E2610, E2617, E8000, E8001, E8002, K0005, K0835, K0836,  
14 K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848,  
15 K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856,  
16 K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864,  
17 K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880,  
18 K0884, K0885, K0886, K0890, K0891, and K0898.

19 (2) Mixed CRT Codes: These HCPCS codes contain a mix of  
20 CRT products and standard mobility and accessory products:  
21 E0950, E0951, E0952, E0955, E0956, E0957, E0958, E0960,  
22 E0967, E0978, E0990, E1015, E1016, E1028, E1029, E1030,  
23 E2205, E2208, E2231, E2368, E2369, E2370, E2605, E2606,  
24 E2607, E2608, E2613, E2614, E2615, E2616, E2620, E2621,  
25 E2624, E2625, K0004, K0009, K0040, K0108, and K0669.

26 (3) Future codes created to expand on or replace those

1 indicated in paragraphs (1) and (2) of this subsection.

2 (c) "Individually configured" means a combination of  
3 features, adjustments, or modifications a supplier makes to a  
4 device that are specific to an individual and that the supplier  
5 provides by measuring, fitting, programming, adjusting, or  
6 adapting the device as appropriate so that the device is  
7 consistent with an assessment or evaluation of the individual  
8 by a health care professional and consistent with the  
9 individual's medical condition, physical and functional needs,  
10 capacities, body size, period of need, and intended use.

11 (d) "Qualified complex rehabilitation technology supplier"  
12 means a company or entity that:

13 (1) is accredited by a recognized accrediting  
14 organization as a supplier of complex rehabilitation  
15 technology;

16 (2) is enrolled in the Medicare program and meets  
17 the supplier and quality standards established for  
18 durable medical equipment suppliers under the Medicare  
19 program;

20 (3) employs at least one complex rehabilitation  
21 technology professional for each location to (i)  
22 analyze the needs and capacities of qualified  
23 individuals with complex medical needs, (ii) assist in  
24 selecting appropriate covered complex rehabilitation  
25 technology items for such needs and capacities, and  
26 (iii) provide training in the use of the selected

1 covered complex rehabilitation technology items; the  
2 complex rehabilitation technology professional shall  
3 be certified by the Rehabilitation Engineering and  
4 Assistive Technology Society of North America as an  
5 Assistive Technology Professional (ATP);

6 (4) has the complex rehabilitation technology  
7 professional physically present for the evaluation and  
8 determination of the appropriate individually  
9 configured complex rehabilitation technologies for the  
10 qualified individual with complex medical needs; and

11 (5) provides service and repair by qualified  
12 technicians for all complex rehabilitation technology  
13 products it sells.

14 (e) "Qualified complex rehabilitation technology  
15 professional" means an individual who is certified by the  
16 Rehabilitation Engineering and Assistive Technology Society of  
17 North America as an Assistive Technology Professional (ATP).

18 Section 15. Creation of a separate recognition for complex  
19 rehabilitation technology.

20 (a) The Department of Healthcare and Family Services shall  
21 provide a separate recognition within the State's Medicaid  
22 program established under Article V of the Illinois Public Aid  
23 Code for complex rehabilitation technology and shall make other  
24 required changes to protect access to appropriate products and  
25 services. The Department shall provide separate recognition

1 for individually configured complex rehabilitation technology  
2 products and services for complex needs patients. Such separate  
3 recognition shall take into consideration the customized  
4 nature of complex rehabilitation technology and the broad range  
5 of services necessary to meet the unique medical and functional  
6 needs of people with complex medical needs by doing all of the  
7 following:

8 (1) By using as a reference those billing codes listed  
9 under paragraphs (1) and (2) of subsection (b) of Section  
10 10, designating appropriate current billing codes as  
11 complex rehabilitation technology and, as needed, creating  
12 new billing codes for services and products covered for  
13 complex needs patients.

14 (2) Establishing specific supplier standards for  
15 companies or entities that provide complex rehabilitation  
16 technology and restricting the provision of complex  
17 rehabilitation technology to only those companies or  
18 entities that meet such standards.

19 (3) Developing pricing policies for complex  
20 rehabilitation technology by doing all of the following:

21 (A) The billing codes referenced under paragraphs

22 (1) and (2) of subsection (b) of Section 10 shall  
23 maintain a reimbursement level of no less than 100% of  
24 the current Medicare fee schedule amount minus 6%. If  
25 the item is not covered by Medicare or is individually  
26 considered for reimbursement, then the State's

1 Medicaid plan shall adopt an allowable amount at the  
2 Manufacturer's Suggested Retail Price (MSRP) minus  
3 10%.

4 (B) Adopting the usage of KE billing code modifiers  
5 used to help maintain access to complex rehabilitation  
6 technology products for those patients who require it.

7 (C) Modifying the prior approval requirement for  
8 wheelchair repairs to apply only when the cost of any  
9 one part is greater than or equal to \$500 per line  
10 item, when the sum of the parts is greater than or  
11 equal to a total of \$1,500, or when 8 or more units of  
12 labor are to be billed. This change shall allow  
13 Medicaid beneficiaries to retain access to timely  
14 service and repair for routine maintenance while also  
15 allowing for a more thorough State review on higher  
16 dollar claims. Repair requests shall not require the  
17 provider to obtain a physician's prescription. The  
18 only exception to this shall be for modifications,  
19 which are defined as the addition of a part that was  
20 not already on the equipment. Repairs shall also be  
21 priced by the Department at the Medicare fee schedule  
22 amount minus 6% for set rate items and for those  
23 without a Medicare allowable amount at MSRP minus 10%.  
24 The Department shall allow for expedited approval of  
25 repairs that include wheelchair batteries.  
26 Additionally, the Department shall expand its

1 expedited approval process to include circumstances in  
2 which the patient's wheelchair will be inoperable  
3 without the needed repair, causing the patient to be  
4 bed-bound or otherwise confined.

5 (D) Exempting the billing codes referenced in  
6 paragraphs (1) and (2) of subsection (b) of Section 10  
7 from inclusion in any competitive bidding or other such  
8 programs.

9 (4) Making other changes as needed to protect access to  
10 complex rehabilitation technology for people with complex  
11 medical needs.

12 (b) The Department of Healthcare and Family Services shall  
13 require complex needs patients receiving complex  
14 rehabilitation technology to be evaluated by:

15 (1) a qualified health care professional, including,  
16 but not limited to, a physical therapist, occupational  
17 therapist, or other health care professional who performs  
18 specialty evaluations within his or her scope of practice;  
19 and

20 (2) a qualified complex rehabilitation technology  
21 professional.

22 Section 20. The Illinois Insurance Code is amended by  
23 adding Section 356z.22 as follows:

24 (215 ILCS 5/356z.22 new)

1       Sec. 356z.22. Coverage for complex rehabilitation  
2       technology products and services for complex needs patients. A  
3       managed care plan amended, delivered, issued, or renewed in  
4       this State after the effective date of this amendatory Act of  
5       the 98th General Assembly shall adopt the regulations and  
6       policies outlined in the Complex Needs Patient Act.

7       Section 99. Effective date. This Act takes effect upon  
8       becoming law.